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APPLICATION NO.	FILING DATE	Ī	FIRST NAMED INVENT	OR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.			
10/594,996	10/594.996 09/29/2006		Tsuneo Yasuma		2006_1537A	5788			
TILE OF INVENTION	. ALKOXITIENILIK	OPANOIC ACID DERIV	VAIIVES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE			
nonprovisional	NO	\$1510	\$300	so 93/02.	\$0 \$1810 05/06/2009 03/02/2009 DEMMANU2 00000067 10594996				
EXAM	**	ART UNIT	CLASS-SUBCLASS	_ا 91.FC	: 1501	1510.00 OP			
SOLOLA,	raofiq a	1625	514-569000	e patent front page, lis	62 FC:1504				
2. For printing on the patent from page, list CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3 THE COMMISSIONER IS AUTHORIZED TO CHARGE ANY DEFICIENCY IN THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Takeda Pharmaceutical Company Limited Osaka, Japan									
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual	orporation or other private g	group entity Government			
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	tus (from status indicates		b. Applicant is no	onger claiming SMA	LL ENTITY status. See 37	CFR 1.27(g)(2).			
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nonprovisional	NO	\$1510	\$300	. \$0	\$181	10	05/06/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS	1				
SOLOLA, TAOFIQ A		1625	514-569000	J				
CFR 1.363). Change of corresponders form PTO/SB "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required. ASSIGNEE NAME AI PLEASE NOTE: Unle	ess an assignee is identi n in 37 CFR 3.11. Comp	nge of Correspondence Indication form ed. Use of a Customer TO BE PRINTED ON This ified below, no assignee	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE COMMISSIONER IS AUTHORIZED THE PATENT (print or type) TO CHARGE ANY DEFICIENCY IN THE data will appear on the patent. If an assigned The Samuel Line assignment. ACCOUNT NO. 23-0975 (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
	aceutical Com	•	Osaka, Japan inted on the patent):	Individual 🔼 Co	poration or other pr	ivate grou	p entity Government	
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a. Applicant claims	us (from status indicated	s. See 37 CFR 1.27.	b. Applicant is no long					
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